

twenty-eight days. Internal means may also, if desired, be employed, and balsamic medicines, in many cases, hasten the cure.

Dr. Sigmund rarely has recourse to caustic injections, as the nitrate of silver, sulphate of copper, chloride of zinc, etc., because generally the experiment is dangerous. He limits their use to simple, uncomplicated gleet, which has resisted the usual means, as also to recent gonorrhœa without inflammation occurring in persons who have already employed the treatment with advantage.—*Schmidt's Jahrb.*, bd. xcviii. p. 49.

31. *Suffocation from Foreign Body in Rima Glottidis*.—Mr. G. H. PORTER presented to the Surgical Society of Ireland in 1856, a pathological specimen, which afforded an example of a piece of boiled mutton blocking up the rima glottidis. Recently (Jan. 20th), he presented a similar specimen, obtained from a man who dropped suddenly from his chair whilst eating his dinner, and struggled for about two minutes, when life became extinct. He was at the time intoxicated. When seen by Mr. P. the man's face was almost purple; lividity was well marked over the surface, particularly on the posterior aspect. On examination, he found that death had been caused by the plugging up of the rima glottidis by a large piece of mutton, which produced suffocation. His lungs and head were congested, and also the lining membrane of the trachea. He believed some surgeons were of opinion, that the way suffocation was produced, in such cases, was by the shutting down of the epiglottis. It had fallen to his lot to examine seven cases in which death was produced from suffocation in this way, and he only found the foreign body lying on the epiglottis in one. In all the others it was found plugging up the rima glottidis, as in this case—in two, the foreign bodies were large pieces of mutton; in three, they were large pieces of boiled beef; and in another, there was a large piece of bacon. The seventh was one in which the whole trachea was filled with a quantity of meat and vegetables—he could not tell the description of meat. It was rather a curious case. The man became suffocated from vomiting; the contents of the stomach having fallen back while he was in the act of vomiting, and filled up the windpipe. In six of the cases the parties were all in a state of intoxication when they met their death.—*Dublin Med. Press*, Feb. 9, 1859.

32. *Descent of a Testis in a Child, simulating Hernia*.—Mr. R. P. BELL relates (*British Med. Journ.*, Feb. 5, 1859) the following case, illustrative of the necessity of carefulness in diagnosis.

A fine healthy child, fifteen months old, was brought to Mr. B. by its mother, who supposed it to be suffering from a rupture, which had occurred a few minutes previously, whilst the child was standing on a sofa, when it suddenly screamed, and placed its hand on the body.

On examination, Mr. B. saw a protrusion, of the size of a walnut, at the right external abdominal ring, and found that the scrotum contained only one testicle. He explained the nature of the case, and merely ordered fomentation.

On calling to see his little patient two hours afterwards, he found him comfortably asleep, and the testis had completed its descent. The parents were not aware of the previous defect.

33. *Encephaloid Cancer affecting a Testicle which had been retained in the Abdomen*.—Dr. G. JOHNSON read an account of a case of this before the Royal Med. and Chirurg. Soc. (Jan. 11, 1859), which was peculiar from the severe pain which accompanied the disease in its early stages, and the great size of the tumour.

The subject of it was a well-developed, muscular man, 27 years of age, of active habits. The disease, which ultimately caused death, appears to have commenced about the month of September, 1857. At that time, while out shooting, an uneasiness low down on the right side of the belly, which had been felt for a short time before, grew into such intolerable agony that he had "to knock up" for two hours. The pain then went off, and he finished the day's sport. From that time the pain was more or less constant and severe, and on several occasions, greatly aggravated by active exercise. Dr. Johnson was first

consulted by letter in April, 1858. The description of the pain, and its situation in the course of the right ureter, suggested the notion that a calculus might be impacted in the ureter. Some questions relating to the effect of the pain upon the testicle elicited the fact that the right testicle had not descended from the abdomen. A careful examination, on the 17th of April, failed to discover any tumour in the right inguinal or iliac region. The patient's general health and nutrition were at this time but little affected. The urine was of high density, and deposited lithates and oxalates, but contained no other abnormal products. The pain continued, and the patient began to lose flesh and strength. It now occurred to Dr. Johnson, as a probable explanation of the symptoms, that the retained right testicle had become the seat of malignant disease. The patient's mother had died of cancer of the stomach. On the 12th of June, there was a consultation with Dr. Bright. At that time, there was decided evidence of a tumour or deposit in the abdomen above Poupart's ligament, on the right side. The tumour rapidly increased, until it extended much beyond the median line of the abdomen, above the umbilicus, and even to the epigastrium. The patient meanwhile became much emaciated, and died exhausted on the 7th of July. On post-mortem examination, the right testicle, situated in the abdomen, was found to be the seat of medullary disease, forming a tumour weighing sixteen pounds, even after the escape of about four pints of grumous fluid from some large cyst which had become developed in it. The lymphatic glands in the abdomen were free from disease.—*Med. Times and Gaz.*, Jan. 22, 1859.

OPHTHALMOLOGY.

34. *Iridesis: or the Formation of Artificial Pupil by tying the Iris.* By Mr. CRITCHETT.—The formation of what is commonly called an artificial pupil is required under various morbid or abnormal conditions of the eye, and demands a corresponding variety in the modes by which it is accomplished. In some cases, a restoration of the original pupil as regards size and situation is all that is wanted; in others, a change in the size, shape, and situation of the natural pupil is required; or, again, it may be necessary to form a new pupil in an abnormal situation, and in the very substance or tissue of the iris. In each of these different cases the object is the same, viz., to establish a clear pupil or aperture in the iris opposite to a transparent part of the cornea.

It is very desirable that, in the formation of an artificial pupil, the conditions upon which the perfection of the natural pupil depends, should be as nearly as possible preserved and imitated, both as regards its position and defined border, its size, mobility, and sensitiveness to light. In the methods usually employed, these conditions are frequently unattainable, and the circular fibres of the natural pupil are either cut or torn through, and an opening is formed which is very probably large and irregular in shape, fixed and insensible to light, ill defined and extending to the margin of the cornea—thus admitting rays of light that are too much refracted by the margin of the lens, and having the effect altogether of confusion of vision.

A consideration of the disadvantages attending the usual modes of operating for artificial pupil makes it obvious that it is desirable to produce a prolapse of the marginal or ciliary part of the iris, and thus to gain the power of altering the shape and size of the natural pupil in any direction, and to any degree that the specialties of the case may need. Up to the present time, this object has been attended with insurmountable difficulties. If an opening in the cornea is made, and a portion of the iris drawn out so as to form a small prolapse, this will almost invariably recede when the aqueous humor is resecreted; if its return is prevented by making the wound larger, and removing a small portion of the cornea, the prolapse may then exceed the intended limits, and the transparency and natural curve of the cornea is interfered with. These considerations have suggested to me the idea of placing a piece of fine silk round the prolapsed por-